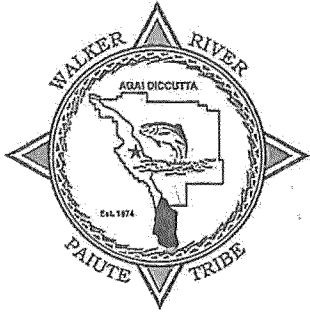


OKM should not be used changed prior to 10/1



EMPLOYEE CERTIFICATION FOR WORK ON FEDERAL CONTRACT/GRANT PROGRAMS

This certifies that the following is a true and correct statement of compensation for salaries and wages under a federal contract/grant program for the Walker River Paiute Tribe.

EMPLOYEE NAME: _____ SSN: _____

Department: _____

Position Title: _____

POSITION PAID FROM FOLLOWING:

Federal Agency: _____

Federal Program Name: _____

Contract Grant Number: _____

Award/Account Number: _____

Grant Period: _____

Period Covered by Certification: _____

I certify that the above statement is true to the best of my knowledge and belief, and that my compensation for the above position was/is based upon my work solely for the program listed above.

Employee Signature

Date

Program Director

Date

Note: Copies of this completed form must be submitted to Payroll and Personnel on a semi-annual or updated as needed pursuant to A-33 Federal Requirements



CHAPEMAN

Federal Register

A-133 refers to Audits of States

FERN. NOT REQUIRED in other WTR for.



CONFIDENTIAL

**Walker River Paiute Tribe
Employee Action Notice**



Employee Cynthia Oceguera Date of Hire: 02/05/2015
 Job Title GAP Project Manager Department: Environmental
 Supervisor: Tribal Chairman Fund Acct# 5039-0000-6000
 Original Date of Hire w/ continuous service: _____

- 90%
 Fund Acct# 5065 000 0 6000 10%

(X) Employment - Effective Date: 02/05/2015 Wage: \$ 20.00
☒ Selection/Hiring Process ☐ Appointment, NTE 30 days ☐ FLSA Employee Status:
☐ Volunteer ☐ Reinstatement ☒ Non-Exempt (Hourly)
☐ Casual Labor ☐ Other: ON Call ☐ Exempt (Salaried)
 Employment Status: Full Time x ☐ Part-Time, # of Hours/Week: _____
 Benefits: ☐ Health Insurance - Effective: _____ ☐ 401K - Effective: _____

☐ Wage / Status Change - Effective Date: _____
☐ Wage Change - From: \$ _____ to \$ _____
☐ Annual Review / Evaluation Period: _____
☐ Other Reason: _____
☐ Status Change:
☐ Orientation to Regular, Review Period: _____
☐ Reclassification, Anniversary date: _____
☐ Change in Hours ☐ Full-time to Part-Time ☐ Part-Time to Full-Time
☐ Change in Fund Acct: From: Fund Acct#: _____ to: Fund Acct#: _____
☐ Change in Leave Accrual: ☐ 6 hrs (5-9 Yrs continuous svc) ☐ 8 hrs (10+ Yrs continuous svc)

() Other - Effective Date(s): _____
☐ Suspension # days: _____ ☐ Leave Without Pay # days: _____
☐ Extension of Probationary Period ☐ Other: _____

() Separation from Employment - Effective Date: _____
☐ Resignation: Notice Date: _____ Last Work Day _____ ☐ Retirement ☐ Discharge
☐ Disciplinary ☐ End of Apt ☐ Program Reorganization ☐ Other
☐ Lay-Off: ☐ Lack of Work ☐ Lack of Funds ☐ Death
 Equipment/Keys Returned ☐ Yes ☐ No Compensation of Annual Leave: ☐ Yes ☐ No
 Final Time Sheet: ☐ Yes ☐ No Exit Interview completed: ☐ Yes ☐ No Attached
 Financial Obligations: WRPT: ☐ Yes ☐ No CLINIC: ☐ Yes ☐ No

Reason for Action Section/Hiring Process.

Employee Action is allowable and consistent with Tribal policies and budget constraints:

Recommended by Supervisor: _____ Date: _____

Employee Action complies & is consistent with approved Walker River Paiute Tribe Policies:

Reviewed by H.R. Manager: _____ Date: _____

Employee Action Wage and Fund Account are appropriate, allowable and allocable with Program Budget:

Verified by Finance Rep: _____ Date: _____

Reviewed and Approved By:

Tribal Chairman: _____ Date: _____

EAN approved by Tribal Council: June 25, 2008

ATTACHMENTS: ☐ I-9 ☐ W-4
 COPY TO FINANCE:

WALKER RIVER PAIUTE TRIBE
EMPLOYEE TIME SHEET

*Reflect workscope
(Time Record)*

NAME: _____

DEPT: ENVIRONMENTAL

PAY PERIOD: _____

TITLE: _____

	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL
DATE								
REGULAR								
SICK LEAVE								
ANNUAL LEAVE								
HOLIDAY								
COMP TIME USED								
COMP TIME EARNED								
LEAVE W/O PAY								

SUB-TOTAL HOURS: _____

	SAT	SUN	MON	TUE	WED	THU	FRI	TOTAL
DATE								
REGULAR								
SICK LEAVE								
ANNUAL LEAVE								
HOLIDAY								
COMP TIME USED								
COMP TIME EARNED								
LEAVE W/O PAY								

SUB-TOTAL HOURS: _____

GRAND TOTAL HOURS: _____

I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT:

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

For Office Use Only

Regular Hours _____

Hourly Rate _____

Overtime _____

Hourly Rate _____

Holiday Rate: _____

Hourly Rate _____

Less:

Annual Leave Used _____

Employee Number _____

Sick Leave Used _____

Payroll # _____

Comp Used _____

Plus: _____

Check Number _____

Comp Hours _____

Hrs _____ x 1.5 = _____

WR needs an InKind Form developed.

To: ~~Cynthia Oceguera~~, Director
ITERC/ITCN

From:

Cc: File

RE: In-Kind Donation to ITERC/ITCN

Please let this serve as the official documentation for in-kind hours as donated by the Walker River Paiute Tribe. The members listed below attended the July 2015 ITERC meeting on July 5, 2015 in Sparks, NV. The wages were paid by our tribe directly.

Cynthia Oceguera

1 attendee at \$23.07 per hour X 6.5 hours (1 day/3 hours + 3.5 r/t travel) = \$138.42 in kind contribution.

Total in-kind contribution= \$138.42

This time was not used on any other grant.

Please contact us if you have any questions.

Signed,